

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14262

14261

1. PLACE OF DEATH a. COUNTY HOWARD b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HANOVER c. LENGTH OF STAY IN 1b HANOVER d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 184 Hanover, Maryland		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY HOWARD c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HANOVER d. STREET ADDRESS Box 184, Hanover, Maryland e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIS Middle C. Last BRUNK		4. DATE OF DEATH Month 10 Day 10 Year 1966	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-10-1925
9. AGE (In years last birthday) 41 yrs.		IF UNDER 1 YEAR Months 10 Days 10 Hours 19 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fleet Manager		10b. KIND OF BUSINESS OR INDUSTRY Montgomery Wards	
11. BIRTHPLACE (County & State, or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jason W. Brunk		14. MOTHER'S MAIDEN NAME Anna M. Schenk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) WW II		16. SOCIAL SECURITY NO. 216-20-6226	
17. INFORMANT Mrs. Juliana D. Brunk, Box 184 Hanover, Md.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma 1621 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b) DUE TO (c) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 8 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 7-2-66 , 19 66 , to Oct 10 , 19 66 , that (I) (we) last saw the deceased alive on Oct 8 , 19 66 , and that death occurred at 5 A.M. from causes and on the date stated above.			
22a. SIGNATURE Paul F. Richardson M.D.		22b. DATE SIGNED Oct 10, 1966	
22c. PHYSICIAN'S NAME (Type) Paul F. Richardson		22d. ADDRESS 511 Gun Road, Relay, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 10-13-66	23c. NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery	23d. LOCATION (City or Town) (County) (State) Baltimore, Maryland
24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Avenue, 21229		25a. REC'D BY REGISTRAR OCT 14 1966	
		25b. REGISTRAR'S SIGNATURE Johnes Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14263

CERTIFICATE OF DEATH

14262

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Howard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dayton		c. LENGTH OF STAY IN 1b 13-1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN J. CURRAN		4. DATE OF DEATH Month Day Year Oct. 15, 1966	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1892
9. AGE (In years last birthday) 74 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY House	
11. BIRTHPLACE (County & State, or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Yes WW 1		16. SOCIAL SECURITY NO. 577-16-0073	
17. INFORMANT Mrs. Edith Curran, Dayton, Md		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure DUE TO (b) Coronary thrombosis DUE TO (c) 5 days		INTERVAL BETWEEN ONSET AND DEATH instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (the hospital) attended the deceased from Nov. 13, 1946 to Oct. 15, 1966 , that (I) (we) last saw the deceased alive on Oct. 14, 1966 , and that death occurred at 6:00 A.M. from causes on and on the date stated above.			
22a. SIGNATURE Charles S. Whitaker, M.D.		22b. DATE SIGNED Oct. 14, 1966	
22c. PHYSICIAN'S NAME (Type) Charles S. Whitaker, M.D.		22d. ADDRESS Clarksville, Maryland 21029	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 10-18-1966	23c. NAME OF CEMETERY OR CREMATORY Lake View	23d. LOCATION (City or Town) (County) (State) Oakland, Md
24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md		25a. REC'D BY REGISTRAR DATE OCT 18 1966	
25b. REGISTRAR'S SIGNATURE Charles Judge			

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20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14264

CERTIFICATE OF DEATH

14263

1. PLACE OF DEATH a. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dorsey				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dorsey			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS 1 E. O Connor Ave			
3. NAME OF DECEASED (Type or print) First Dorothy Middle V. Last Derrick				4. DATE OF DEATH Month October Day 18 Year 19 66			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Aug. 21, 1924		9. AGE (In years last birthday) 42 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Surgoinville, Tenn		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Munroe				14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 219-40-4837		17. INFORMANT Address Enoch Derrick, P.O. Box 255, Ellicott City, Md			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF CERVIX 171X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from May 10 , 19 66 , to Oct. 18 , 19 66 , that (I) (we) last saw the deceased alive on October 10 , 19 66 , and that death occurred at 7 A M, from causes and on the date stated above.							
22a. SIGNATURE W. K. Gallagher, Jr.				M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED Oct. 18, 1966	
22c. PHYSICIAN'S NAME (Type) W. K. Gallagher, Jr., M.D.				22d. ADDRESS 6630 Baltimore National Pike #28			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 10-20-1966		23c. NAME OF CEMETERY OR CREMATORY St. Johns		23d. LOCATION (City or Town) (County) (State) Ellicott City, Md	
24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md.				25a. REC'D BY REGISTRAR DATE OCT 20 1966		25b. REGISTRAR'S SIGNATURE Charles Judge	

14503

DEPT OF HEALTH

14503

Name		Age		Sex		Race		Religion		Marital Status		Occupation		Education		Date of Birth		Place of Birth		Date of Admission		Admission Fee		Discharge Date		Discharge Fee		Total Fee		Remarks	
John Doe		25		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Jane Smith		22		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Robert Johnson		30		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Mary Brown		28		Female		White		Catholic		Married		Homemaker		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
William Davis		35		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Elizabeth Miller		20		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
James Wilson		27		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Margaret Taylor		24		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Charles White		32		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Anna Green		21		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Thomas Black		29		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Helen Gray		26		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Frank King		31		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Grace Lee		23		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
George Hall		33		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Lillian Young		20		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Edward Scott		28		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Dorothy Adams		22		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Harold Baker		30		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Betty Clark		21		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Roy Lewis		27		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Norma Hall		24		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Arthur Young		32		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Evelyn King		20		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Walter Green		29		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Phyllis White		23		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Kenneth Black		31		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Gladys Gray		22		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Howard Lee		28		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Vivian Hall		21		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Clarence Young		30		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Frances King		24		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene Green		27		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Doris White		20		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Ralph Black		29		Male		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Mildred Gray		23		Female		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Norman Lee		32		Male		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene Hall		21		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Lillian Young		28		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Clarence King		24		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Frances Green		27		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene White		20		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Doris Black		29		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Ralph Gray		23		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Mildred Lee		32		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Norman Hall		21		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene Young		28		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Clarence King		24		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Frances Green		27		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene White		20		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Doris Black		29		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Ralph Gray		23		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Mildred Lee		32		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Norman Hall		21		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene Young		28		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Clarence King		24		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Frances Green		27		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene White		20		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Doris Black		29		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Ralph Gray		23		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Mildred Lee		32		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Norman Hall		21		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene Young		28		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Clarence King		24		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Frances Green		27		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Eugene White		20		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Doris Black		29		Female		White		Catholic		Married		Engineer		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Ralph Gray		23		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Mildred Lee		32		Female		White		Catholic		Married		Teacher		College		1925		New York		1925		\$10.00		1925		\$10.00		\$10.00			
Norman Hall		21		Male		White		Catholic		Single		Student		High School		1925		New York		1925		\$10.00									

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20 M 1/66

1

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14265

CERTIFICATE OF DEATH

14264

1. PLACE OF DEATH a. COUNTY Howard MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City		c. LENGTH OF STAY IN lb 5 hours	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Taylor Manor Hospital		d. STREET ADDRESS 1009 Ingleside Ave.	
3. NAME OF DECEASED (Type or print) First Martha Middle C Last Dorrida		4. DATE OF DEATH Month October Day 11 Year 19 66	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/18/03
9. AGE (In years and months) 63 yrs.		10. IF UNDER 1 YEAR Months 6 Days 3 Hours 63 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) Wheeling, West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John D. Campbell		14. MOTHER'S MAIDEN NAME DeVries	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Albert E. Dorrida		Address same address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Myocardial failure DUE TO (c) Hypertensive Cardio Vascular Disease Emphysema, chronic		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 2 hrs years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Emphysema, chronic Asthma, bronchial, chronic		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 10/11/66 , 19 66 , to 10/11 , 19 66 , that (I) (we) last saw the deceased alive on 10/11 , 19 66 , and that death occurred at 6:20 PM , from causes and on the date stated above.			
22a. SIGNATURE Stephen Lee Magness		22b. DATE SIGNED 10/11/66	
22c. PHYSICIAN'S NAME (Type) Stephen Lee Magness, M.D.		22d. ADDRESS Taylor Manor Hospital, Ellicott City Md	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 10/14/1966	23c. NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery	23d. LOCATION (City or Town) (County) (State) Baltimore, Md.
24. FUNERAL DIRECTOR Wm. J. Tischer & Sons		25a. REC'D BY REGISTRAR Charles Judge	
25b. REGISTRAR'S SIGNATURE Charles Judge		DATE OCT 14 1966	

14504

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Right as had was

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. When please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14266 CERTIFICATE OF DEATH 14265

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>BALTO.</u>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>ELLICOTT CITY</u>		c. LENGTH OF STAY IN 1b <u>CATONSVILLE</u> 03.2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>Schaffer Conv. Home</u>		d. STREET ADDRESS <u>6117 COLLINSWAY RD</u>	
3. NAME OF DECEASED (Type or print) First <u>MARIE</u> Middle <u>E.</u> Last <u>HAINES</u>		4. DATE OF DEATH Month <u>OCT</u> Day <u>10</u> Year <u>1966</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 15, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) <u>WASHINGTON D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13. FATHER'S NAME <u>JACOB LARNER</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>MARGARET R. Kelley</u>		Address <u>6117 Collinsway Rd.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident</u> <u>4221</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic Cardio-vascular disease</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from <u>4-1</u> , 19 <u>66</u> , to <u>10-10</u> , 19 <u>66</u> , that (II) (we) last saw the deceased alive on <u>10-6</u> , 19 <u>66</u> , and that death occurred at <u>3:45</u> P.M. from the causes and on the date stated above.			
22a. SIGNATURE <u>Thomas F. Herbert</u> M.D.		22b. DATE SIGNED <u>10-10-66</u>	
22c. PHYSICIAN'S NAME (Type) <u>Thomas F. Herbert, M.D.</u>		22d. ADDRESS <u>44 Church Rd., ELlicott City, Md.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE THEREOF <u>OCT 13, 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BALTO. NATIONAL CEM</u>	23d. LOCATION (city, town or county) (State) <u>BALTO. MD</u>
24. FUNERAL DIRECTOR <u>E.S. MacNabb</u>		25a. REC'D BY REGISTRAR <u>301 Frederick Rd</u> <u>Balto 28, Md.</u>	
25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>		DATE <u>OCT 13 1966</u>	

14302

14302

The following is a list of the names of the persons who have been named in the above mentioned cases.

The following is a list of the names of the persons who have been named in the above mentioned cases.

John L. Larnack

14302

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14267

CERTIFICATE OF DEATH

14266

1. PLACE OF DEATH a. COUNTY HOWARD MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY HOWARD			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1114 HANLEY DRIVE 21227				d. STREET ADDRESS 1114 HANLEY DRIVE 21227		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GILBERT Middle E. Last HARMAN				4. DATE OF DEATH Month October Day 15 Year 1966			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-24-1903	
9. AGE (In years last birthday) 63 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		11. BIRTHPLACE (County & State, or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE P. HARMAN				14. MOTHER'S MAIDEN NAME HELEN G. SOPER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 216-03-3996		17. INFORMANT Address MRS. EDNA HARMAN, 1114 HANLEY DRIVE 21227			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Ruptured aortic aneurysm DUE TO Coronary atherosclerosis (b) Myocardial infarction DUE TO Hypertension (c) Hypercholesterolemia							INTERVAL BETWEEN ONSET AND DEATH 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from May 1966 , to Oct 15, 1966 , that (I) (we) last saw the deceased alive on Oct 14, 1966 and that death occurred at 6 PM , from causes and on the date stated above.							
22a. SIGNATURE <i>Bruce Brumbaugh</i>				22b. DATE SIGNED 10/17/66		22c. PHYSICIAN'S NAME (Type) BRUCE BRUMBAUGH	
22d. ADDRESS 5609 MAIN STREET							
23a. BURIAL, CREMATION, RURAL (Specify) BURIAL		23b. DATE THEREOF 10-19-66		23c. NAME OF CEMETERY OR CREMATORY MEADOWRIDGE CEMETERY		23d. LOCATION (City or Town) (County) (State) BALTIMORE, MARYLAND	
24. FUNERAL DIRECTOR ADDRESS HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229				25a. REC'D BY REGISTRAR DATE OCT 24 1966		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

145841

STATE OF TEXAS

145841

IN SENATE,
January 10, 1900.
REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE,
FOR THE YEAR
1899.
BY
J. W. HARRIS,
COMMISSIONER.
DALLAS: THE TEXAS
PRINTING CO., 1899.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and any event within 72 hours after death.

VR A15ME (5)
6M 1/66

FOR STATE
HEALTH DEPT.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14268

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14267

1. PLACE OF DEATH a. COUNTY HOWARD MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY HOWARD	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksville		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Front of Fire Department		d. STREET ADDRESS 920 Montgomery Street	
3. NAME OF DECEASED (Type or print) Joseph Thomas HERBERSON		4. DATE OF DEATH Month October Day 23 Year 1966	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 22 Sept. 1911
9. AGE (In years last birthday) yrs. 55		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY U.S. GOV'T	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Robert Herberson (deceased)		14. MOTHER'S MAIDEN NAME Mary Catherine Peters (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) yes		16. SOCIAL SECURITY NO. 77-18-42-12/20/45 212-14-5810	
17. INFORMANT Mrs Cyrena Vietch, Laurel, Maryland		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. _____ p.m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Charles S. Springate M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) Charles S. Springate, M.D.		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
		Address (Street, city, town, or county)	
22. DATE SIGNED October 24, 1966			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREOF Oct. 27, 1966	23c. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEM.	23d. LOCATION (City or Town) (County) (State) ARLINGTON, VIRGINIA
24. FUNERAL DIRECTOR Harold S. Wade, 550 Wash. Blvd., Laurel, Md.		25a. REC'D BY REGISTRAR DATE OCT 26 1966	
		25b. REGISTRAR'S SIGNATURE Charles Judge	

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VR A15 (4)
20M 1/65

Location - Cemetery - Indianapolis - Indiana

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
14269					14268						
CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY Howard					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott City					c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott City						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 371 Chapel Ave.					d. STREET ADDRESS 371 Chapel Ave						
3. NAME OF DECEASED (Type or print) RAYMOND T. HOLLANDBECK					4. DATE OF DEATH Month 10 Day 27 Year 1966						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 29, 1920		9. AGE (in years last birthday) 46 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer					10b. KIND OF BUSINESS OR INDUSTRY Washington		11. BIRTHPLACE (County & State, or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William H. Hollandbeck					14. MOTHER'S MAIDEN NAME Bessie Taylor						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)					16. SOCIAL SECURITY NO. 304 768-189		17. INFORMANT Rebecca Hollandbeck - Ellicott City - Ind -			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 237X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) — (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that (I) (this hospital) attended the deceased from 3/3, 1962, to 10/27, 1966, that (I) last saw the deceased alive on 10/27, 1966, and that death occurred at 6:30 p.m. from the causes and on the date stated above. 22a. SIGNATURE Christian S. Mass, M.D. 22b. DATE SIGNED 10/28/66 22c. PHYSICIAN'S NAME (Type) Christian S. Mass, M.D. 22d. ADDRESS 687 Balto. Nat'l. Pike, Ellicott City 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 10-28-1966 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town or county) (State) Indianapolis, Ind. 24. FUNERAL DIRECTOR Edwin R. Mac Nally - 381 Frederick Rd 25a. REC'D BY REGISTRAR DATE NOV 1 1966 25b. REGISTRAR'S SIGNATURE Charles Judge											

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
14270						14269					
1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Fulton</u> c. LENGTH OF STAY IN 1b <u>10 months</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>Simons Rest Home</u>						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Howard</u> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Laurel</u> d. STREET ADDRESS <u>429 Baltimore Ave</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <u>Mary</u> First <u>Mary</u> Middle <u>I</u> Last <u>McCluskey</u>			4. DATE OF DEATH <u>October 15</u> Month <u>October</u> Day <u>15</u> Year <u>1966</u>			5. SEX <u>F</u>			6. COLOR OR RACE <u>W</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>Oct 19 1886</u>			9. AGE (In years last birthday) <u>79</u> yrs.			10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>13</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (County & State, or foreign country) <u>Philadelphia Pennsylvania</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Thomas Madden</u>			14. MOTHER'S MAIDEN NAME <u>Anderson</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>429 Balt. Ave</u>		
17. INFIRMANT <u>Mrs Anderson</u>			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CARDIAC FAILURE</u> <u>490X</u> DUE TO (b) <u>TOXIC MYOCARDITIS</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <u>RT. LOWER LOBE PNEUMONIA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>INTERVAL BETWEEN ONSET AND DEATH</u> <u>8 HOURS</u> <u>1 WEEK</u> <u>1 WEEK</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Month, Day, Year Hour a.m. <u>19</u> p.m. <u>19</u>			20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)			21. I certify that (I) (this hospital) attended the deceased from <u>OCT 16 1966</u> to <u>OCT 18 1966</u> , that (I) <u>last</u> saw the deceased alive on <u>OCT 18 1966</u> , and that death occurred at <u>4 PM</u> from the causes and on the date stated above.					
22a. SIGNATURE <u>Charles S. Whitaker</u>			22b. DATE SIGNED <u>10/18/66</u>			22c. PHYSICIAN'S NAME (Type) <u>CHARLES S. WHITAKER, MD</u>			22d. ADDRESS <u>CLARKSVILLE, MD.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE THEREOF <u>10-21-66</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel</u>			23d. LOCATION (City, town or county) (State) <u>Madison New Jersey</u>		
24. FUNERAL DIRECTOR <u>DeWitt Sanaedean</u>			25a. REC'D BY REGISTRAR <u>Laurel Md</u>			25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			DATE <u>OCT 25 1966</u>		

14310

14308

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 5-63

1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14271

CERTIFICATE OF DEATH

14270

1. PLACE OF DEATH e. COUNTY <u>Howard</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. STATE <u>Md</u> b. COUNTY <u>Howard</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u> <u>13.1</u>		d. STREET ADDRESS <u>71 N. ST. Johns Lane</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>71 N. ST. Johns Lane</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Nettie</u> Middle <u>C.</u> Last <u>McCrea</u>				4. DATE OF DEATH Month <u>10</u> Day <u>31</u> Year <u>1966</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-31-83</u>	
9. AGE (In years last birthday) <u>83</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) <u>Berwyn Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John HART</u>				14. MOTHER'S MAIDEN NAME <u>MARY O'Keefe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-32-0369D</u>		17. INFORMANT <u>DOROTHY A. Brady</u> Address <u>71 N. ST. Johns Lane</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>331X</u> DUE TO <u>Cerebral vascular accident</u> Conditions, if any, which gave rise to immediate cause (b) <u>General atherosclerosis</u> (a), stating the underlying cause last. (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour <u> </u> a.m. <u> </u> p.m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>Dec 10/31/66</u> to <u>10/31/66</u> that (I) (we) last saw the deceased alive on <u>10/31/66</u> and that death occurred at <u>2:15</u> M, from the causes and on the date stated above.							
22a. SIGNATURE <u>Christian S. Mass, M.D.</u>				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <u>10/31/66</u>	
22c. PHYSICIAN'S NAME (Type) <u>Christian S. Mass, M.D.</u>				22d. ADDRESS <u>687 Balto. Nat'l. Pike, Ellicott City</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>11/3/66</u>		23c. NAME OF CEMETERY OR CREMATORY <u>DRUID Ridge Cem</u>		23d. LOCATION (City, town or county) (State) <u>BALTIMORE Md.</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. MacNabb</u>				ADDRESS <u>301 Frederick Rd</u> <u>Catonsville 28 Md.</u>		25a. REC'D BY REGISTRAR DATE <u>NOV 2 1966</u>	
				25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			

14550

14550

NOV 1955

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 should be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14272 Item #6 Film #5382 11/1/66 pc
14271

1. PLACE OF DEATH a. COUNTY <i>Howard</i> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Rural - Laurel</i> c. LENGTH OF STAY IN 1b <i>45 years</i> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <i>Stanfield Rd.</i>		2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Howard</i> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Rural Laurel</i> d. STREET ADDRESS <i>Stanfield Road</i> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>ELIZA</i> First Middle Last 4. DATE OF DEATH Month Day Year <i>Oct 13 1966</i>		5. SEX <i>F</i> 6. COLOR OR RACE <i>W</i> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <i>1897</i> <i>Sept 3 1897</i> 9. AGE (In years last birthday) <i>69</i> yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i> 10b. KIND OF BUSINESS OR INDUSTRY <i>home</i> 11. BIRTHPLACE (County & State, or foreign country) <i>Maryland</i> 12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Benjamin Franklin Murphy</i> 14. MOTHER'S MAIDEN NAME <i>Ida Eugenia Sanders</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 17. INFORMANT <i>Edna Pritchard, Laurel Md</i> Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lymphosarcoma. Carcinoma</i> 3040 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>Chr. Lymphocytic Leukemia</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Gen'l Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>8 mo - 2 yrs.</i>	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>2/23 1966</i> to <i>10/13 1966</i> that (I) (we) last saw the deceased alive on <i>10/12 1966</i> and that death occurred at <i>11 PM</i> , from the causes and on the date stated above.			
22a. SIGNATURE <i>J. M. Warren</i> 22c. PHYSICIAN'S NAME (Type)		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> 23b. DATE THEREOF <i>10-16-66</i> 23c. NAME OF CEMETERY OR CREMATORY <i>Emmanuel Cem.</i> 23d. LOCATION (City, town or county) (State) <i>Seagoville Md</i>		24. FUNERAL DIRECTOR'S SIGNATURE <i>De Witt Donaldson, Laurel Md</i> ADDRESS 25a. REC'D BY REGISTRAR <i>Charles Judge</i> 25b. REGISTRAR'S SIGNATURE DATE <i>OCT 25 1966</i>	

11334

11334

ROBEY

ELISA

~~My father's name is~~
My father's name is

My father's name is

2/22 10/12 10/12
X

J. M. W. W. W.

OCT 25 1906

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
14273					14272				
1. PLACE OF DEATH a. COUNTY Howard					2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Howard				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott City			c. LENGTH OF STAY in 1b 10 yrs.		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott City				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 212 Hawthorne Road					d. STREET ADDRESS 212 Hawthorne Road			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Lucy			First Middle Last H. Shulkcum		4. DATE OF DEATH October 29 19 66		Month Day Year		
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 7, 1884		9. AGE (In years last birthday) 82 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME late George Hutchinson					14. MOTHER'S MAIDEN NAME late Cleo Hancock				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Mrs R. William Baker			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4500 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Acute Renal Shut down (c) Arterio Sclerosis gen					INTERVAL BETWEEN ONSET AND DEATH 36 hrs				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cardiac failure									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
19		at work							
21. I certify that (I) (this hospital) attended the deceased from 12/17, 1955, to 10/29, 1966, that (I) (we) last saw the deceased alive on 10/26, 1966, and that death occurred at 3 AM, from the causes and on the date stated above.									
22a. SIGNATURE Cliff Ratliff				22b. DATE SIGNED		22c. PHYSICIAN'S NAME (Type) CLIFF RATLIFF			
22d. ADDRESS 4605 Edmondson ave									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Nov 1' 66		23c. NAME OF CEMETERY OR CREMATORY Evergreen		23d. LOCATION (City, town or county) (State) Roanoke, Virginia			
24. FUNERAL DIRECTOR Harry H. Witzke				25a. REC'D BY REGISTRAR DATE NOV 2 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			

1953

1953

